

# HORSE & SURREY LIVERY SERVICE LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

## **LICENSE PERIOD:**

Biennial; Expires on April 30 of odd-numbered years.

#### **APPLICATION:**

Apply at City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202, telephone (414) 286-2238.

#### FEE:

The \$150 license fee **must be submitted with application**. Checks made payable to: City of Milwaukee.

### **SIGNATURES**:

Notarized signatures of the individual, all partners, the agent, president, and secretary of the corporation, or all members of a LLC are required.

#### **REQUIREMENTS:**

The applicant shall file, with the application the attached, "Letter of Intent", outlining his or her intentions of purchasing a proper vehicle to be used for this service, and the proper amounts of liability insurance, satisfying all the requirements of ch. 100 of the Milwaukee Code of Ordinances.

All drivers of these vehicles are required to obtain a Public Passenger Vehicle Driver's license. Applications for this license can be obtained from our office.

#### **FINGERPRINTS:**

All applicants (including partners, all corporate officers, members, agent, directors, manager, and stockholders owning 20% or more of the stock of the corporation) whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police

Administration Building, 951 N. James Lovell St. (7<sup>th</sup> St), Room 305 to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

## **GRANTING OF LICENSES:**

Licenses are granted by the Common Council on recommendation of the Public Safety Committee. Please allow 5-6 weeks for processing.

## **ADDITIONAL REGULATIONS:**

Horse and Surrey Stands - Parking

- On the east side of North Old World Third Street from West Kilbourn Avenue to a point 60 feet north from 6:00 P.M. to 2:00 A.M. and all day Saturday and Sunday.
- On the south side of West Michigan Street from North 3<sup>rd</sup> Street to a point 60 feet west from 6:00 P.M. to 2:00 A.M. and all day Saturday and Sunday.
- On the north side of East Wells Street from North Jackson Street to a point 60 feet west from 6:00 P.M. to 2:00 A.M. and all day Saturday and Sunday.

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of \$100, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

<u>DUPLICATE LICENSE FEE</u>: The fee for a duplicate license is \$8. You must bring current photo identification.



## PUBLIC PASSENGER VEHICLE PERMIT: HORSE & SURREY LIVERY SERVICE APPLICATION

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	INDIVIDUAL OR PARTNERSHIP:	Partner #2					
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)					
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~	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):					
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Sti							
Section							
S	Home Phone Number: ( ) -	Home Phone Number: ( ) -					
	Date of Birth:	Date of Birth:					
	Date of Birth.	Date of Birth.					
m	Business Name:	Business Phone Number:( ) -					
o	Business Address (include City, State, Zip Code):						
Business Address (include City, State, Zip Code):  Has anyone on this application been convicted of violating any federal laws, state or local ordinances?  If you list name of parago date of conviction, charge and panelty:							
ec	Has anyone on this application been convicted of violating any federal laws, state or local ordinances?   Yes  No If yes, list name of person, date of conviction, charge and penalty:						
S							
		•					
	Full Name of corneration or limited liability company						
	Full Name of corporation or limited liability company:						
	Agent:						
	Full Name (Last, First & Middle Initial):						
	Hama Address (include City State & Zin Code)						
	Home Address (include City, State & Zip Code):						
C							
n	Home Phone Number: ( ) -	Date of Birth:					
Section							
၁	President/Member	Vice President/Member					
S	Full Name (Last, First & Middle Initial):						
	Lleres Address (include City Ctate 7in Code)	Home Address (include City, State, Zip Code):					
	Home Address (include City, State, Zip Code):						
	Home Phone Number: ( ) -	Home Phone Number: ( ) -					
	Tiome Flione Number. ( ) -	Florie Florie Number. ( ) -					
	Date of Birth:	Date of Birth:					
	Secretary/Member	Treasurer/Member					
C	Full Name (Last, First & Middle Initial):						
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):					
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Ή	Home Address (include City, State, Zip Code):  Home Address (include City, State, Zip Code):						
ec							
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	Home Phone Number: ( ) -	Home Phone Number: ( ) -					

	Date of Birth:  I hereby attest that the below named Licensed Veterinarian will be			Date of Birth: will be on call to ad		
	horses at anytime during business hours and be reached 24 hours a day at the following phone numbers:					
	Name:		Address:			
	Day Phone: ( ) -		Evening Phone: ( ) -			
	Description of Vehicle:					
	Year:	Color:	Body Style:		Number of Passengers:	
	Areas of Operation: (Attach additional sheets if necessary.)					
Section D						
	The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.  The undersigned understands that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.					
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	I have knowledge of the City Ordinances currently regulating the license applied for herein; understand that the permit may be subject to suspension, non-renewal or revocation if I violate any rule or regulation relating to public passenger vehicles; and, being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.					
	***Per Section 100-50-7-b, Milwaukee Code of Ordinances, any permittee who fails to apply for renewal prior to the expiration date of his or her permit shall have the permit terminated on its expiration date.					
		AND SWORN TO BEF0, 20				
				Individ	ual/Agt of Corp or LLC/Partner/Member	
	Notary Public, S	State of Wisconsin		 Presid	lent of Corp/Member of LLC/Partner	
	My commission	expires	_		,	
				Secre	tary of Corp/Add'l Members/Partners	
	Office Us	e Only: Initials:	Transacti	on #: Fi	iled:	
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